

Chapter One: Introduction

There is a tide in the affairs of men, with flood and ebb, we will admit readily enough.

Luther Gulick, *World's Work* (1908)

When the moment is ripe, only the fanatic can hatch a genuine mass movement.

Eric Hoffer, *The True Believer* (1951)

American reform has come in waves, with a decade or more of intense activity followed by periods of relative apathy about social problems.

Ronald G. Walters, *American Reformers 1815-1860* (1978)

The chief function...of physical exercise, is to establish habits of *clean living*, health and stamina on a permanent basis [italics mine].

William Hemmingway, *Harper's Weekly* (1913)

Since colonial times, four "Great Awakenings" have occurred in the United States. These social movements have typically begun with religious revivals from which significant political, economic, and social changes emerged. William G. McLoughlin (1978, xiii), a religious historian, in his *Revivals, Awakenings, and Reform*, has defined awakenings as "periods of cultural revitalization that begin in a general crisis of beliefs and values and extend over a period of a generation or so during which time a profound reorientation in beliefs and values takes place. Revivals alter the lives of individuals; awakenings alter the world-view of a whole people or culture." These awakenings have come in roughly eighty-to one hundred-year cycles.¹

James Q. Wilson (1980, 29-30) has argued that Great Awakenings occur at times when the prevailing set of moral understandings seem inadequate to address human behavior. Traditional patterns of family life are challenged by new opportunities available to youth, and customary standards of community are flouted by rising levels of urban violence and public disorder. Often there is a sudden enlarged youthful segment of the population that defies conventional morality and a growing sense of alienation from existing institutions. An acute sense of personal stress makes individuals receptive to new religious appeals that address the political and social upheavals that created this stress. When the religious revival becomes a generalized and powerfully felt cultural critique an awakening is underway.

Awakenings have attempted to bring society back to an imagined Golden Age free of crime, disruption, and immorality. Common themes that have emerged in these massive social movements have been women's rights, ideals of recapturing "family values" and sexual "purity," construction of a perfect or millennial society, a return to nature, concerns about the environment, emergence of new religious sects, fear of immigrants and other "dangerous classes," and a healthy life free of disease.

Cycles of Clean Living Movements in the United States

Integral to Great Awakenings have been health-reform impulses or *Clean Living Movements*.² Clean Living Movements have been broad periods in history when concerns about alcohol, tobacco and other mood-altering substances, sexuality, diet, physical fitness, diseases, and other health-related issues have manifested themselves on multiple fronts. These health reform movements, like the Great Awakenings that spawn them, have come in approximately 80 year cycles. During the reform stage activists have agitated to change behaviors--what historian John Burnham (1993) has called "bad habits"--that have been perceived as negatively harming the individual or society. During the cycle's ebb, popular changes or reforms that "make sense," such as personal hygiene, have become institutionalized. On the other hand, a backlash has often occurred against unpopular or restrictive reforms, such as Prohibition. Tangential to health-reform

surges have been undertones of nativism, feminism, and eugenics.

Three Clean Living Movements have manifested themselves since the founding of the United States.³ These movements, including the current one, have exerted a dramatic impact upon health and social reforms in the United States. Widespread health agitation and subsequent reforms have, within a decade or so, coincided with the Great Awakenings of the Jacksonian (1830-1860), the Progressive (1890-1920) and the current, *Millennial* (1970-2005?) reform eras. Most of the individual health crusades within each of these movements, have been fostered by reformers with a zeal for a specific health issue. Some reformers in each era have supported several crusades. However, on the whole, the varying health crusades within a reform era have tended to be single-issue campaigns. Crusades for a particular health issue have also emerged at different times over the course of the reform era. As will be seen in subsequent chapters, temperance was the first concern to emerge in the first two movements, while anti-smoking was the initial thrust of the late twentieth-century movement.⁴ A hereditarian movement to explain social problems and disease has tended to reach its peak of power after the main thrust of the movement. Perhaps reformers have reasoned that when both moral suasion (education and social pressure) and coercion (public policies) have not change behaviors or eliminated health problems, the root causes must be hereditary.

This book strives to discuss the three cycles of health reform, their ebb and flow, and the transitory nature--from 30 to 40 years--of the reforming phase in each cycle. For example, what was a burning issue during the peak of the reform phase often became forgotten, or was considered a quaint eccentricity, years later. In the 1950s the use of tobacco and alcohol increased among the middle class so that and smoking and the "two-martini" lunch were considered socially acceptable and even sophisticated. The anti-smoking laws of the first decade of the century became only a distant memory of a few older individuals and Prohibition had become a national joke. In the late 1950s and early 1960s few would have predicted that smoking would not be allowed in most public places and that there would be limitations on alcohol consumption thirty years hence. In addition, most Americans, other than a few students of history, had forgotten that at the end of the Jacksonian Era most of the states north of the Mason-Dixon line had state

prohibition and tobacco use was frowned upon.⁵

Some observers might argue that since Colonial times, health reform has experienced a steady uphill march. Only in the past generation have we finally realized the dangers, based upon “new scientific knowledge,” of unhealthful activities such as smoking, heavy drinking, and lack of exercise, etc. However, this continuous-reform hypothesis culminating in ever-increasing health campaigns is not supported, as will be seen in the following chapters. A major focus of this book is to discuss the observation that health-reform crusades tend to ebb and flow. Advances have tended to progress in steps. After a reform campaign a plateau of interest or compliance occurred, followed by increasing apathy on the issue until some perceived problems began to reemerge again. This has in particular occurred for more controversial reform issues such as drinking and smoking.

Sociologists Ralph H. Turner and Lewis M. Killian (1957, 333) have suggested that all social movements “have two broad directions in which the program and ideology may point. They may point toward changing *individuals* directly or toward changing *social institutions*” [italics mine]. Within each of the three Clean Living Movements, as will be seen in following chapters, some movements have been aimed at individual reform, some at societal reform, and some at both. For example, there has been advocacy against alcohol consumption in all three movements, which resulted in legislation to prohibit alcohol for certain groups. On the other hand, advocacy to reduce fat in the diet, become a vegetarian, or avoid premarital sex has not been imposed by public policy.

The Popularization of Health Issues

Health reform crusades have served to “popularize” a health concern. At any given period of time, a few individuals have usually been concerned about any given health issue and a few articles concerning the topic could be found in scholarly journals. However, it was not until the educated public perceived a problem that the movement began. Burnham (1984, 190-191) has suggested that the most important institutions for popularizing health have been the schools and the press. The media first raised the issue with the “public,” which, traditionally, has been the middle class. When the middle class became concerned, the reform

phase of the cycle emerged. Education of school-children and the masses to change behaviors then followed.⁶

During the surge phase of a health-reform movement, activists have had an exhilarating sense that society has finally awakened to the issue more so than at any time in history and/or that profound changes will finally occur. For example, Luter H. Gulick, an early twentieth-century physician and physical educator, in an article “The High Tide of Physical Conscience” in the June 1908 *World’s Work*, noted that the nation was amidst a “physical well-being” movement. He commented that “interest runs higher in this direction than ever before in the history of our civilization.” Similar comments could be found in the late twentieth-century movement.

Belief Systems and Ideologies

Health historian James C. Whorton (1981b, 60) has suggested that “health-reform movements must be understood as hygienic ideologies, idea systems which identify correct personal hygiene as the necessary foundation for most, even for all, human progress, and which invite acceptance by incorporating both certain universal feelings about man and nature, and the popular values and anxieties peculiar to distinct eras.” These belief systems have specified both the grievances to which the movement was responding as well as its objectives. The ideas and beliefs that underlied a movement developed into an ideology, or a set of norms, to which many believers adhered.

Turner and Killian (1957, 331-333) have argued that a movement’s ideology has facilitated collective action in a number of ways. It provided internal guidance for the movement’s members in selecting and carrying out their tactics. It offered a sense of identification and membership, as well as a single viewpoint--a “clear message” to the Millennial Movement’s anti-alcohol, tobacco, and drug campaigns--with boundaries to the outside world. The ideology sought to strengthen the movement’s legitimacy by invoking logic, emotion, and identification with core values of a society. It also developed negative images of those who did not share, or who oppose their views. The health crusades within each of the three Clean Living Movements developed their own ideologies which will be discussed in

subsequent chapters.

Phases of Health Reform Movements

Health-reform cycles have exhibited different phases--stages or "turnings"--within the overall cadence of the movement. Each phase has lasted about a generation. These stages have been found for campaigns addressing alcohol, tobacco and other mood-altering substances, diet, exercise, certain foods, and adolescent virginity. For any particular reform issue, however, stages may have occurred simultaneously or even been skipped. The phases within a health crusade's cycle have been *moral suasion*, *coercion*, *backlash*, and *complacency*. The clearest example of these phases, and the most documented, has been the temperance, or "anti-alcohol" cycle. At the beginning of the movement, a general change in attitude towards alcohol was observed. A drinking-related problem was then identified: "ardent spirits" in the First, "saloons" in the Second, and "drunk driving" in the Third Clean Living Movement.⁷ This change in attitude began the *moral suasion* phase of the cycle which used social pressure through emotional appeals and educational programs to what reformers considered the "right position." In all three alcohol movements, this right position was the encouragement of more temperate, moderate, or responsible drinking behaviors. When these suasive efforts were perceived as being ineffective in changing behavior, abstinence was then championed and drinking in certain circumstances began to be presented as deviant.⁸

When abstinence messages, for alcohol, tobacco, drugs, and other perceived risky health behaviors were ignored by certain segments of the population, the *coercion* phase of the cycle emerged. Even though the perceived problem--high per-capita consumption, saloons or drunk driving--began to decrease, the popular perception was that the situation had become worse. Reformers then mobilized political power in an attempt to enforce compliance through increased taxation, prohibition legislation, limited sales and distribution, and other laws to control consumption. Such measures, to force people to respond in a prescribed way "for their own good," have emerged in all three movements and was the common

characteristic of the movement's peak. In terms of alcohol, during the First Clean Living Movement, 13 states enacted prohibition laws. During the Second, national Prohibition was legislated, and in the late twentieth-century movement, prohibition for those under 21 years of age, along with stiff penalties for drunken driving, were instituted.

The next phase of the cycle was a *backlash* against increasingly unpopular public policies. Laws became ignored by many, a lively black market emerged, and some legislation was repealed as being unenforceable. In terms of alcohol, the industry, through the media and advertisement, began to portray drinking again as an acceptable activity. Per capita alcohol consumption increased and became socially acceptable to the middle class. Many began to believe that alcohol itself posed little risk to life and health. During the end of this stage and the beginning of the next phase of the cycle--*complacency*--temperance advocates were derided as quaint, ignorant, or puritanical “do-gooders,” alcohol-related problems were ignored, and laws concerning alcohol use were increasingly disregarded. However, problems related to drinking again began to increase, thus completing the cycle.

For any given health-reform issue, an adoption of a new behavior or policy had the potential of creating both a positive or a negative result. Mandates for better sanitation, pure drinking water, and personal hygiene near the beginning of the Second Movement, for example, did much to reduce communicable diseases and were accepted by the population. On the other hand, overzealous or controversial efforts, which were not acceptable to a large minority of the population such as alcohol prohibition, were ignored or flaunted, resulting in other problems.

Over the three Clean Living movements, successful reforms were those that became completely integrated into society. They became common practice and became acceptable by most regardless of socio-economic class, education or ethnic background, i.e., hand washing after using the toilet, frequent bathing, etc.

Commonalities among the Three Clean Living Movements

Many similarities have been apparent among the three Clean Living Movements. Some of the most common will be outlined in this section. Others,

including profound political, technological, economic, and demographic changes, or the power and influence of the mass media and commercial interests in changing attitudes and perceptions concerning alcohol, tobacco, or sex related activities are beyond the scope of this book.⁹ As will be seen in subsequent chapters, health-reform movements, for the most part, have emerged in the wake of, or tangential to, a revival of religious interest. This religious climate and cultural awakening has yielded an evangelical fervor among some individuals or groups, who then strove to eliminate a perceived problem. Whorton (1981b, 60) has suggested that health reformers have commonly regarded themselves as “physiological missionaries to spread the gospel of health to the gluttonous and indolent unhealthy of the world. This essential dogma binds American health reformers from all ages,” but has given a unique expression within the cultural preoccupations of each reformer's contemporary society. Since 1800 the three Clean Living Movements have reflected the tenor of the time in which they developed. The hygienic ideology in Jacksonian American was molded by millennialism, romanticism, nationalism, feminism, and educational reforms. The Progressive Era provided optimism to change the world through modern science and to restore an America which had been weakened by urbanization, immigration, governmental corruption, and ruthless capitalism. The current Millennial era emerged from the social stress of rapid population growth, profound technological changes, alterations in family structure, and anxieties stemming from the Cold War.

The Traits and a Typical “Biography” of a Health Reformer

Reformers in each of the three movements took it upon themselves to change other people's behaviors. They often garnered nicknames as zealots, busybodies, do-gooders, puritans, the food police, kooks, fanatics, health nuts, and cranks. In many instances, reformers sought to impose their beliefs and values on others through repression. John H. Knowles, a physician, remarked that “those who do work in the field of prevention and health education have too often stressed social control (some have called them ‘health fascists’) rather than social change and have become curiously indifferent to the needs and aspiration of families, communities, and particularly minority groups”(1977, 76). John C. Burnham, when

discussing the tuberculosis movement, stated that “the use of education as a reform device has been well understood and may be traditionally American. But the use of social coercion to bring about widespread social change, individual by individual, in the name of science was typical and indicative of the ambitiousness of the reformers” (1972, 22).

Reformers often made it clear that they felt they were right and those who disagreed with them were wrong - for that matter even “bad” or evil. They attempted to control others lives without regard to individual differences, values, or beliefs. This was particularly true for health campaigns with moral overtones such as those addressing the use of mood-altering substances, sexuality issues, and even diet. Some reformers have been extremely judgmental, even sadistic. For example, Anthony Comstock, the anti-pornography crusader of the Second Clean Living Movement, delighted in the early deaths and suicides of some of his arrestees. Eric Hoffer (1951, xi), in his *The True Believer*, suggested that “[M]ost reformers irrespective of the doctrine they preach and the program they project, breed fanaticism, fervent hope, hatred and intolerance...all demand blind faith and singlehearted alliances.” They tended to see a simple solution for a complex problem. On the whole, reformers have been strident individuals. They have pushed through their agendas at the cost of careers, reputations, and livelihoods, even if their repressive measures were unacceptable to a large segment of the population or their reforms caused a backlash leading to other social problems.

Within each movement certain individuals have brought a perceived health problem to the public eye. These individuals often have founded or became leaders in organizations advocating a particular reform issue. Reformers have typically been “native-born” Americans. In the first two movements most were from “old-stock” Protestant Anglo-Saxon backgrounds. In the late twentieth-century movement, reformers tended to be middle-class and native born. In this Clean Living Movement, however, “reformers” increasingly became “advocacy organizations” and not single voices with minimum support such as Sylvester Graham, the diet and temperance crusader, of the First Movement.

For many, but not all health reformers, there was a fairly typical “biography” (Whorton 1982, 8-10). At some point in the person’s life, often in childhood or

youth, he or she was “sickly” or near death. This poor health was due to a weak constitution, a disease such as tuberculosis, or bad lifestyle habits. The illness and debilitation caused the individual to search for a cure. A health revelation was found through reading or self-experimentation. Fresh air, change in diet, physical activity, and/or the elimination of meat, alcohol, or tobacco or some other substance was found as the cure for regaining health. The well-being which followed this conversion convinced the reformer that his or her program was the key to all individual and societal problems. The reformer was driven to propagandize this truth through various media and political strategies.

“Puritanism,” the “Religion of Health” and the Rise of “New Religions”

Since the country’s Puritan beginnings, the case could be made that Americans have been obsessed by sin and vice. If it felt good, it must be bad. If it was bad it must be repressed.¹⁰ Obsession with certain aspects of health turned into a “religion” or a religious campaign for moral perfection. Illness was considered unnatural and a consequence of the “individual’s violation of physiological laws.” Good hygiene and health became a moral obligation. This religion of health implied that if a person lived a healthy lifestyle, he or she would live longer than normally expected (Whorton 1981b, 60). An illustration of this view was found in the titles of two articles, published a hundred years apart, “Exercise and Longevity” in *North American Review*, May 1897 and “How to Live to 100” in *Newsweek*, June 1997, from the Second and Third movements respectively. Some individuals even spoke of health activities as a religion. For example, in the upsurge of the late twentieth-century movement, the *U.S. News and World Report*, 27 February 1978, quoted a jogging enthusiast who exclaimed that, ‘Jogging is not a hobby, it’s a religion.’ The report suggests that those participating in this activity “become evangelists who are eager to recruit others.”

Each Clean Living Movement produced new religious sects in which health and dietary laws have become an integral part of their belief systems. This included the Mormons and Seventh-day Adventists in the First, and Christian Scientists in the Second Movement all of whom eschewed alcohol, tobacco, and caffeinated beverages as part of their religious practices. Vegetarianism was also a

religious principle among the Adventists. In the Third Movement many newly-formed sects embraced vegetarianism, the elimination of tobacco, and sometimes alcohol and other drugs as part of their religious faith.¹¹

Demonization, Scapegoating, and Militarization

An aspect of the religion of health was demonization. Demonization was the process in which a substance or activity, associated with poor health or social problems, was deemed evil, ie. “demon rum,” “the devil’s weed,” “fallen women,” etc. In this process health and a healthy lifestyle were considered “good,” disease and an unhealthy lifestyle were considered “bad” or immoral. In all three movements demonization occurred with alcohol, tobacco, and other mood-altering substances, some aspects of sexuality, certain foods, and new diseases such as cholera and HIV/AIDS. In addition persons who engaged in these activities, succumbed to these diseases, and the industry which manufactured these products were also demonized and considered immoral. For example, advertisement campaigns using cartoons--“Joe Camel” and “Budweiser frogs”--were considered bad by many reformers during the late 1980s and 1990s, on the grounds that they promoted smoking and drinking among youth.¹²

Not only was the activity demonized, it also became a scapegoat for other social problems. It was often blamed for the deterioration of the family, loss of traditional values, poor health, and increased crime. Blaming a substance for severe problems has been found, in particular, for alcohol and tobacco. Scapegoating occurred for alcohol in each of the three Clean Living Movements and for tobacco in the Second and Third Movements. During the First Movement, for example, the *Temperance Almanac* of 1838 remarked, “if the tavern or grocery man sells, by virtue of that license, and our fellow-citizen purchases and drinks and dies, or kills his neighbor, who is the murderer and what portion of the fault belongs to each?” During the Second Movement the saloon was blamed for the deterioration of the family and the “smoking habit” for poor school performance. Both were blamed for increased crime. During the Third Movement tobacco manufacturers were blamed for the early death of thousands of smokers. Scapegoating led to the destruction of saloons and to Prohibition, in the Second,

and taverns being held liable for patrons' driving-while-intoxicated accidents in the Third Clean Living Movement. It led to litigation against cigarette manufacturers by both individuals and states during the Third Movement.¹³

A secular aspect of demonization was militarization. Concern about an issue evolved into a military campaign, war, or "jihad." Combatants or soldiers of the health movement engaged in a battle, crusade, or campaign against the perceived problem. Examples of rhetoric used in health movements which have reflected militarization of a perceived health problem was the "modern health crusade" against tuberculosis in the Second and the "war-on-drugs" and battle against the tobacco industry in the Third movement. The health problem, as well as institutions and individuals who opposed the reformer's point of view, also became an enemy, opponent, adversary, or foe. Other militaristic phraseology such as tactical, conflict, strategic, attack, extermination have been common. All these terms will be seen throughout this work for various health issues. A symbolic illustration of turning health campaigns into a war against perceived health problems was the formation of the Public Health Service, which from its beginning had a military structure headed by a surgeon general and is discussed in Chapter Six.¹⁴

Battles against some health concerns in the Second and Third Movements became more than symbolic military campaigns but rather actual wars as a result of military components of the U.S. government being enlisted to help eliminate the problem. In the Third movement, "drug interdiction" by the U.S. Coast Guard and using military units against drug smugglers was an example of this. The December 17, 1989 *Washington Post*, for example stated, "A Marine unit accompanying U. S. Border Patrol agents in Arizona exchanged gunfire with horse-riding drug smugglers near the Mexican border." In the Second Movement, the "revenueurs," who were components of the Federal Bureau of Investigation and the Alcohol, Tobacco, and Firearms Bureau, were alleged to have engaged gunfire with bootleggers.¹⁵

"Politically Correct" Health Opinions, Suppression of Data, and Hyperbole

Each Clean Living era has produced a "politically correct" health message

for a given issue. Individuals or institutions who disagreed with the prevailing opinion, even if it were ineffective, biased, or inaccurate, have been censored. For example, in the late twentieth-century anti-alcohol and drug movement, public school drug and alcohol education programs were, and still are as of this writing, forbidden to teach about the responsible use of alcohol even for potential future use as adults. Abstinence was the only message allowed by federal mandate, beginning in the late 1980s. Any other educational messages threatened the elimination of governmental funding to the school. Few scholarly works in the United States even examined, or advocated, the benefits of alcohol consumption from the early 1980s until the early 1990s. For a researcher to investigate, or advocate, moderate drinking could lead to denial of a federally funded grant, being ostracized by one's colleagues, or even being branded as a "spokesperson of the beverage industry" resulting in the loss of credibility as an objective scholar (Engs 1991b; Engs 1992b).

Some individuals have even lost their jobs due to "non-politically correct" health opinions. Surgeon General Jocelyn Elders (b. 1933), in the late twentieth-century movement, was fired from her position. This was because in reference to "safe sex" as a means to curb the spread of the HIV/AIDS epidemic she stated, as quoted by the *U.S. News and World Report*, December 19, 1994, that 'masturbation is a part of human sexuality and a part of something that perhaps should be taught.' One of the reasons Surgeon General William Hammond (1828-1900), at the end of the First movement, was fired from his job was because he argued that calomel--a popular but dangerous mercury-based compound--was poisonous and should not be used in medicine. He also was ostracized from the American Medical Association for these remarks (Blustein 1991, 84-91).

During both the ebb and the surge of a cycle, statements that opposed the viewpoints of the group in power have been subject to suppression. This has been found, for example, with data concerning both the damaging and beneficial effects of alcohol. During the ebb in temperance sentiments, from approximately the late 1930s through the 1960s, the harmful effects of alcohol were rarely mentioned. In the surge of the late twentieth century anti-alcohol and drug movement, language by federal guidelines suggested there was no safe threshold of alcohol

consumption--a view also espoused by reform organizations in the First and Second Movements. In the mid-1980s leaders from the National Institute of Drug Abuse told librarians, educators, and researchers to purge all material that suggested responsible use of alcohol and other substances (Engs and Fors 1988; Musto 1996).¹⁶

In all three movements hyperbole has been common. Terms such as crisis, epidemic, and explosion have been used to describe health-related issues. As will be seen in subsequent chapters, alcohol, tobacco, drugs, certain sexual behaviors, specific foods, and other substances or activities have all been over stated as to the harm being caused, or would be caused, to the individual or to society. This “hysteria” about an activity, on the part of reformers, has served to alarm the public, which in turn has sanctioned restrictive social control in an attempt to eliminate the behavior. In the Third Movement, an upcoming epidemic of “crack babies” born to cocaine-addicted mothers was proclaimed by anti-drug activists in the late 1980s. Reformers advocated sentencing these women to mandatory treatment. However, the crack-baby epidemic never materialized.¹⁷ Alarmist rhetoric often came as the behavior or disease was actually on the wane. In the Third Movement, after the use of drugs had decreased continuously for five years, the *Christian Science Monitor*, April 26, 1985, quoted “one expert” who remarks that there was an “epidemic” of drug abuse.

The “Domino,” “Stepping-stone,” or “Gateway” Theory

Burnham (1993, 5-7) has noted that an association between smoking, drinking, gambling, and other “bad habits” has been observed since colonial times. However, the correlation between a cluster of activities, in each of the three movements, sometimes became confused with causality. Causality is where one behavior statistically predicts the engagement in another.¹⁸

This “domino,” “stepping-stone” or “gateway” theory, in which one behavior was thought to lead to other activities, has become a justification for the elimination of various activities in each Clean Living Movement. During the First

Movement, health reformers, including Sylvester Graham and William Alcott, suggested that ingesting “stimulants” such as meat, alcohol, or spices would precipitate impure thoughts, “self-abuse,” and lead to “debility” among youth. Second Clean Living Movement reformers claimed that cigarette smoking among boys led to poor classroom performance, alcohol consumption, cocaine use and engagement in “vice”--prostitution. During the Third Movement, cigarette smoking purportedly led to marijuana and alcohol, which in turn led to “harder” drug use and sexual activity among teenagers. This perceived causality, in the Second Movement, led to saloons being closed because patronizing them was thought to lead, not only to alcoholism, but also to prostitution and the disintegration of the family. It was also a justification for the Eighteenth Amendment (Prohibition) to the constitution. In the late twentieth-century movement, it was a justification for the strict prohibition of cigarette sales in 1997 to individuals under age 18.¹⁹

“Purity,” Family Values, and Women's Rights

In all three movements campaigns against some aspects of sexuality, concerns about the disintegration of the family, and agitation for women's rights arose. Reformers in the First Clean Living Movement were most concerned about preventing masturbation in youth. Near the end of this movement agitation for women's rights and the elimination of “ardent spirits” emerged. During the Progressive Era cycle, the Women's Christian Temperance Movement (WCTU) advocated, not only for the elimination of alcohol and tobacco, but also for “purity”--sexual abstinence outside a marriage--and suffrage for women. However, in certain instances different factions within these movements worked against each other. For example, some women associated with suffrage and temperance also favored birth control and eugenic measures. In the late twentieth-century cycle the Women's Liberation movement agitated to allow women to engage in traditional male-dominated professions, receive equal pay for equal work, and the right to terminate an unwanted pregnancy. Opposed to this more “liberal” movement was a “conservative” movement against pregnancy termination, any form of non-marital sexuality, and a return to the traditional family. At one point during this era, a coalition formed between each of these wings opposing “pornography.”²⁰

Fear of “Dangerous Classes” and Undercurrents of Nativism and Eugenics

In all three movements, fear of foreign immigrants and other “dangerous classes”--minority groups, poor people, and rebellious youth--was an underlying factor in campaigns against activities and substances engaged in by these individuals.²¹ If a behavior was found among the upper and upper-middle classes, it was generally not considered alarming. As will be discussed in subsequent chapters, the use of medicinal opiates by upper-middle-class white women or the use of hallucinogens by eccentric artists at the turn of the century was largely ignored. During this same period, when opium smoking by Chinese, cocaine use by southern blacks, and heavy alcohol use by Irish and other immigrants was seen as creeping into the white middle-class, measures were taken against these substances. Tuberculosis developed romantic overtones when it afflicted poets such as Shelley and Keats. However, when it affected crowded urban immigrant slums at the turn of the century or the homeless and HIV/AIDS victims today, it became unglamorous and dangerous. In the late twentieth-century movement, “baby-boomer” youth threatened the status quo by engaging in behaviors which, for the most part, had been confined to the lower classes or the rich and eccentric. This included unmarried sex, cohabitation, out-of-wed-lock births, heavy alcohol consumption, and marijuana and other drug use. These activities frightened the middle class who reacted, as they had before in previous movements, to the fear of this rapid social change by enacting measures to control these immoral and “dangerous” behaviors.

“Nativism”--pro-traditional rural Protestant values--and eugenic concerns for healthy offspring have been underlying factors in health reforms, particularly during the first two movements. Native-born white Protestant Americans of “Anglo-Saxon stock” feared the Roman Catholic “alien menace” from Ireland and southern and eastern Europe. These Nativists blamed immigrants for many diseases, crime, and other social problems. There was a belief that drunkenness, tuberculosis and poverty could be passed down to succeeding generations, leading to more poverty and disease among these “undesirables” due to inheritance of acquired characteristics (Lamarckian theory). The desire for healthy offspring and

for keeping the “race from being polluted” led to eugenic reforms that were prominent, in particular, during the Second Movement. This eugenic anxiety led to immigration restrictions and sterilization of criminals, the mentally disabled and the “insane.”²²

Some Other Commonalities

Socio-economic Class: For the most part health-reform crusades have been launched and adopted by the educated, the middle class, or those with aspirations to become middle-class as will be seen in the following chapters. The middle class, for the most part, has also been more healthy than the poor. During the First Movement, religious evangelizers realized that they could not “save souls” until people were free from disease and drunkenness. Thus, they began reform efforts to clean up the cities and reduce the various health problems in the slums. The tuberculosis crusaders of the Second Movement also realized the association of urban slums, poverty, and TB and made some effort, not only for slum reform but also for personal hygiene and other health reforms to eliminate this disease. Middle-class Americans readily adopted abstinence from alcohol and tobacco. It was poorer people that frequented saloons and smoked. In the Third Clean Living Movement, middle-class Americans began to exercise, ceased smoking, and began eating low-fat diets. This change in lifestyle, from the mid 1970s through the 1990s resulted in a decreased death rate from heart disease and cancer among the middle class.²³

Wars: Real wars, (as opposed to health-reform “wars”) have played an important role in halting reform movements and tended to make crusades for various health-related issues, such as temperance, appear irrelevant (Walters 1978, x). Both the Civil War and World War I halted the momentum of the First and the Second Clean Living Movements respectively. In the aftermath of wars there has been an increase in the use of mood-altering substances among soldiers which may have been caused by exposure through medicine, commercial interests, and social pressure. After the Revolutionary War, there was an increase in alcohol consumption which peaked in 1830. It began to decrease after this time and continued to do so until after the Civil War. Following this war came an increase in

tobacco use and also morphine addiction among war veterans. Following the First and the Second World Wars, cigarette smoking spiraled upward. Alcohol use increased after the Second World War and did not peak until 1980. Following the Vietnam War an upsurge in the use of many mood-altering substances including illicit drugs, which also peaked around 1980, occurred.²⁴

Orthodox vs. Alternative Medicine. In all three movements certain segments of the population rebelled against traditional or orthodox medicine. During the First Movement several systems including hydrotherapy, homeopathy and botanical medicine became popular. During the Second Movement, Christian Science and New-Thought religions which were also medical systems because they sought to cure diseases, reached their pinnacle. During the Third Movement, “New Age” or alternative or complementary health systems began to be practiced by a large percentage of the population.²⁵

Summary

This opening chapter has discussed the emergence of health-reform movements as an aspect of Great Awakenings. It presented an overview of the similarities between the three Clean Living Movements that have emerged approximately every 80 years during the past two hundred years. The chapter has addressed the phases common to individual health crusades which together make up the whole movement era. Typical characteristics of health reformers, the tendency for reformers to demonize and militarize health problems and people who do not agree with them, and the censorship of factual information either during the surge or repose of a cycle were mentioned. Undercurrents of religious revivalism, nativism, feminism, and eugenics that help precipitate and foster health-reform movements were briefly explored. The rise of alternative cure systems, campaigns for virginity and traditional values, and the “gateway” theory of a behavior, were alluded to as common components of Clean Living Movements. Details of many of these aspects will be elaborated upon in subsequent chapters.

Endnotes Chapter One

1. Several works discuss in detail these cycles of religious awakenings and their ensuing

political and socioeconomic changes. See in particular McLoughlin (1978) and Fogel (1995). Strauss and Howe (1998), in their recent popular work, discuss four sub-cycles--“turnings”--within the overall 80 to 110 year awakening cycles. The first turning of the cycle is the “high” which tends to be a post-societal crisis boom era when things are going well and there is a high degree of optimism. The second, “the awakening” begins a rebellion against tradition and reform for perceived problems in the society. The “third turning” or “unraveling” is when health-reform and other crusades come to a peak and there is a feeling of hopelessness, the “crisis, or fourth turning,” is a period of profound social crisis such as war or deep depression that dramatically shakes the pillars of society. Based upon this schematic, the health reform movements discussed in this book have emerge in the “awakening” stages. They peak and begin to ebb in the “unraveling.”

2. Health-reform movements have attempted to *clean up* society; hence the name Clean Living Movement. Lucy Gaston, the Progressive Era anti-tobacco reformer had children sign “clean life” pledges in which they agreed to abstain from tobacco. Bernarr Macfadden, of this same period was sometimes called a crusader for *clean living* (Greene 1986, 242). Clean Living Movements have been called by different names by various authors including the New Temperance, Neo-Prohibition, or Neo-Puritan movements.

3. After the Revolutionary period at the end of the First Great Awakening, some individuals including physicians Benjamin Rush and Anthony Benezet were concerned about drunkenness, tobacco and gluttony. These individuals recommended exercise, diet changes, and moderation in the use of “ardent spirits.” However, there were no organized crusades to change health behaviors as have been found in the subsequent three health-reform movements.

4. In this work “temperance” refers to anti-alcohol sentiments. At the beginning of a temperance cycle, the term usually means moderation or responsible use of alcohol. As the movement progresses, the term will evolve to mean abstinence or even prohibition. “Smoking” refers to the use of cigarettes, “drinking” denotes the ingestion of an alcoholic beverage, and “alcohol” refers to beverage alcohol unless otherwise noted. Mood-altering drugs refer to any psychotropic agent including coffee, tea, alcohol, tobacco, cannabis, cocaine, heroin, etc.

5. See Chapters Three, Eight, and Thirteen for details concerning the temperance and anti-tobacco movements in each of the three movements.

6. An example of the popularization of a health issue that led to successively increasing coercive measures was the anti-smoking crusade of the Third Clean Living Movement. The dangers of smoking were first mentioned in the medical and then in the popular literature.

Sociologists Troyer and Markel (1983, 61-62) list the steps in which “cigarette smoking has come to be seen as deviant, both by the public and by official proscription.” The progression is as follows: 1. Medical research claimed smoking was harmful. 2. The public began to believe cigarettes were harmful, 3. The public stigmatized cigarette smoking, 4. Official action was taken against cigarettes, 5. Official action was taken against individual smokers “after a majority of the public defined smoking as undesirable.” I would like to add another step which began to emerge in the mid 1990s: 6. Litigation against cigarette manufactures to recoup medical-related expenses from the result of smoking.

7. Opinions vary as to the number of anti-alcohol movements in American history. Most authors, including David Musto, Robin Room, David Pitman, Dwight Heath and myself suggest three major temperance and/or prohibition movements, which are part of the three Clean Living Movements discussed in this work. Jack Blocker, however, suggests five movements, divided into the following periods: 1784-1840, 1840-1860, 1860-1892, 1892-1933, and 1933-1980. See chapters Three, Eight, and Thirteen for more details concerning the three anti-alcohol movements.

8. For details concerning modern interpretations of anti-alcohol cycles and their phases, evolution, and characteristics see: Blocker (1989), Engs (1997), Gusfield (1986), Musto (1996), Levine (1984).

9. See Burnham (1993) for details about the influence of commercial entities and the use of the media, political maneuvering, and advertisement to change attitudes towards a variety of behaviors related to health.

10. Several popular works published from the beginning to the peak of the Third Clean Living Movement discussed manifestations of and criticized America’s obsession with vice and sin, puritanical repression of pleasure, rhetoric against perceived health dangers, and moral crusades against pleasurable behaviors. See for example works by Goshen (1973), Peele (1989), Shaw (1973) Sullum (1998), and Wagner (1997).

An example of this underlying anti-pleasure sentiment in the United States is the prohibition of heroin for any medical use including long term paid relief for terminally ill patients. Ethan Nadlemann, director of a drug-advocacy think tank, in the 12 August 1998 *Associated Press Report* remarked, “[t]here’s been a de facto self-censoring of any discussion of this. There’s a reluctance to *keep people on drugs they might like*” [italics mine].

11. Chapters Two, Seven, and Twelve will discuss further details about the development of

new religions as part of Clean Living Movements and their embracing of health as part of religious belief.

12. The 22 June 1992, *Los Angeles Times* reported that the U.S. Surgeon General, leaders of the American Medical Association, and schoolchildren paraded through downtown Chicago to protest the camel as a “merchant of death” an act that is symbolic of the demonization of tobacco, the tobacco industry and its advertising. It is interesting to note that in the Second movement Lucy Gaston, the anti-cigarette reformer, also held parades in the Chicago area with children to “stamp out the cigarette evil” (Gray 1909, 315). In the subsequent chapters of this work other examples of demonization will be presented for many substances and activities that are the subject of health reforms.

13. For more discussion concerning scapegoating and demonization, in terms of alcohol, see Levine (1984, 109-112). Numerous examples of demonization and the scapegoating of alcohol from the first movement can be found in *The Temperance Almanac* between 1834 and 1842. In the Second movement many works were published by the Women’s Christians Temperance Union and the Anti-Saloon League illustrating this process. Information on the demonization of tobacco, and the tobacco industry, can be found in Sullum (1998). More information about demonization and scapegoating for various health-related issues will be discussed in subsequent chapters.

14. See in particular Chapter Five in Snowball (1991) concerning a discussion of the use of the war metaphors against immoral behaviors by the late twentieth-century Christian Right’s Moral Majority Movement.

15. See Allsop (1961) for details concerning Chicago bootleggers and their battles with federal officials.

16. In 1976 the National Institute of Alcohol Abuse, immediately before the surge of the late twentieth-century anti-alcohol movement, published a pamphlet, *Drinking Etiquette for Those Who Drink and Those Who Don’t*, which discussed methods for responsible drinking and hosting, and the pros and cons of alcohol consumption. It was one of the many objective publications eliminated by the Health and Human Services publishing office in the mid-1980s because it was not stridently anti-alcohol. The April 1984 *High Times*, a drug advocacy publication, discussed NIDA’s advocacy of censoring “outdated” materials even if it were based upon scientific studies. This article mentioned that material the agency wanted “purged” could not be old because ‘the government hasn’t allowed any research with any of these drugs since the 1960s, so the information can’t possibly be out of date.’ This purging was a method to eliminate

publications that were not strictly opposed to drugs or alcohol.

For further information concerning the suppression of information, either in favor of, or against the use of certain substance or behaviors in all three cycles, see also Musto (1996, 78-83) and Levine (1984, 109-112).

17. The 10 September 1989 issue of the *San Diego Union-Tribune* remarked that “America is paying a terrible price for our failure to prevent a tragedy of truly epidemic dimensions-- substance abuse by pregnant women. And that “we are experiencing a crack baby explosion.” Ten years later the 3 May 1998, *Tampa Tribune* reports that the nation did not experience an epidemic of crack babies. A health care worker is quoted as stating, “media hype that talked about a ‘lost generation’ was misleading.”

18. During the end of the twentieth-century anti-alcohol, tobacco, and drug movements, a multitude of studies from the 1970s to the present have shown a high correlation between smoking, drinking, the use of other mood-altering substances and/or other socially unacceptable behaviors or diseases (see for example Anderson and Dahlberg 1992; Engs and Teijlingen 1997; Hanson and Engs, 1999; Johnson, O’ Malley and Bachman 1987) However, the results are mixed in terms of smoking or drinking as predictors or “causes” of behaviors. Positive statistical correlation between these behaviors is likely due to the fact that certain individuals are more prone to engage in “risky” or non-socially approved behaviors because of rebellion against authority, the “establishment,” or parents; as a symbol of independence or “outsider” status; or reactance--the act of engaging in a behavior because a person is told not to do it and/or because it is illegal (O’Donnell and Clayton 1982; Yamaguchi and Kandel 1984; Engs and Hanson 1989, 1999; Torabi et al 1993).

19. An example of the “gateway” hypothesis in the Second Clean Living is a quote by W.S. Osborn, superintendent of the State Hospital for Inebriates in Iowa found in an article by H. S. Gray (1909, 300). [Cigarette smoking in] undeveloped youth often paves the way to and rapidly enters upon a course of drug and liquor taking as well as crime through this harmful form of tobacco addiction.” Gray (1909, 294) attempts to enlighten educators concerning association and causality. He suggests “the problem of determining to what extent cigarette smoking is the cause and to what extent the effect of a bad physical, mental, and moral condition in a boy is a difficult one. The cigarette habit is partly cause and partly effect in the same person.”

In the Third movement, an example of the “gateway” hypothesis is suggested in the *Christian Science Monitor’s* 26 April 1995 report on a White House Conference on Drugs. It quotes a Mr. Browne who contends, “[t]he most effective ways to help youths was to stop the use of gateway drugs--alcohol and marijuana. A can of beer or a marijuana cigarette might seem

relatively harmless, but they quickly lead to other things.” Not everyone agreed with this. The *Los Angeles Times* of 8 January 1989 quotes a letter writer who suggests that alcohol and tobacco were not gateway drugs but rather “together account for 99% of all deaths attributed to drugs in the United States. All of the illegal drugs combined account for the rest.” By the early 1990s cigarette smoking was considered to be the major gateway drug among youth by health reformers.

20. These issues are discussed in Chapters Three and Four for the First movement. See Chapters Eight and Nine for the Second, and Chapters Twelve, Fourteen, and Fifteen for the Third Clean Living Movement for discussions concerning the antagonism between more “conservative” and “liberal” movements in terms of sexuality-related issues such as “sex education,” “obscenity,” women’s reproductive rights, change in family structure, and hereditarian concerns.

The 26 August 1985 issue of the *New York Times* in an article entitled “Joining Hands in the Fight against Pornography” discusses Andrea Dworkin, a member of the National Organization of Women supporting Jerry Falwell of the right wing concerning “harm in pornography.”

21. For more information concerning middle-class fear of the “dangerous classes,” including immigrants, that has been a factor in the precipitation of health reforms in all three movements see Epstein (1981), Gienapp (1987), Gusfield (1986), Pivar (1973), Tyrell (1979), and Walters (1978).

22. The nativistic and heredity/eugenic movements and their importance in health reforms are discussed in Chapters Five, Six, Nine, Ten, and Fifteen. For more information concerning eugenics, see in particular works by Bajema (1976), Dowbiggin(1997), Haller (1963), Kevles (1985), Larson (1995), Paul (1995), and Pickens (1968). See also the previous footnote.

23. A summary of a report from the Health and Human services in the 30 July 1998 *Milwaukee Journal Sentinel* notes, “Americans’ health seems to be getting better, but low-income families or those less educated aren’t benefiting as much.”

24. For statistics concerning the ebb and flow of tobacco and alcohol consumption, see in particular Rorabaugh (1978, 232-233) and Heimann (1960, 248-249). During both the First and Second World War cigarettes were passed out to soldiers as will be discussed in more detail in Chapter Eight.

25. See Chapter Two and Six for the First movement, Seven and Eleven for the Second, and Twelve for information regarding the Third Clean Living Movement. In all three time periods, dissatisfaction with traditional medicine and the emergence of alternative medical practices occurred launching alternative practices and clashes with orthodox medicine.

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